UNITED NATIONS

ECONOMIC AND SOCIAL COUNCIL

Distr.
GENERAL

E/CN.7/1994/4
21 January 1994

ORIGINAL: ENGLISH

COMMISSION ON NARCOTIC DRUGS
Thirty-seventh session
Vienna, 13-22 April 1994
Item 3 of the provisonal agenda*

GENERAL DEBATE: EXAMINATION OF THE WORLD SITUATION WITH RESPECT TO DRUG ABUSE, INCLUDING ILLICIT DEMAND, ILLICIT TRAFFICKING AND ILLICIT SUPPLY

Drug abuse: extent, patterns and trends, 1983-1992

Report of the Secretariat

CONTENTS

		Paragraphs	Page
INTRODUCTION		1	3
I.	DRUG ABUSE INFORMATION: REPORTING AND DEVELOPMENTS	2-7	3
II.	TRENDS IN DRUG ABUSE	8-102	4
	A. Africa	17-23	6
	B. Americas	24-38	7
	C. Asia and the Pacific	39-57	8
	D. Europe	58-90	10
	E. Near and Middle East	91-102	15
III.	COSTS AND CONSEQUENCES OF DRUG ABUSE	103-112	16
IV.	NATIONAL RESPONSES TO DRUG ABUSE AND ITS CONSEQUENCES	113-150	18
	A. Prevention	124-131	20
	B. Treatment and rehabilitation	132-146	22
	C. Towards a balanced approach	147-150	24

*E/CN.7/1994/1.

V.94-20367 9297T

Summary

Special efforts need to be made to improve drug monitoring as required by the international drug control treaties. Such efforts include closer collaboration with Governments in preparing the country, regional and global profiles, improvement of the annual reports questionnaire and the response to it, and the preparation of summaries of relevant recent research.

Illicit drug cultivation, production, trafficking and abuse are reported to have raised levels of market distortion and crime, corruption, violence, insurgency, human immunodeficiency virus (HIV) infection and death rates. There is increasing concern over the related socio-economic consequences and political stability.

In their reports, Governments have invariably acknowledged costs and consequences of drug abuse, yet few have assessed them systematically. Concern over the spread of HIV has been reported most frequently.

There is increasing evidence that national strategies that are balanced, encompassing legislation and law enforcement, prevention and treatment, tend to be more effective in reducing drug abuse. More Governments have reported that they have adopted such strategies.

The high cost of law enforcement measures and especially imprisonment, as well as their limitations, has led some countries to explore alternatives. There is a growing belief that significant reductions in illicit drug supply will require continued regional and international efforts, as well as a considerable reduction in illicit drug demand. As the relative effectiveness of prevention and treatment programmes has become known, attempts have been made in many countries to strike a balance between activities aimed at reducing illicit supply and those aimed at illicit demand.

INTRODUCTION

1. The present report was prepared pursuant to the mandate of the United Nations International Drug Control Programme (UNDCP) relating to the monitoring of drug abuse, its consequences and national responses to reduce them. The report is based first on replies to the annual reports questionnaire for the period from 1983 to 1992 inclusive and secondly on information provided by data collection officials and regional organizations (for more details, see the regional profiles and the country profiles, which have been prepared for countries whose Governments submitted reports).

I. DRUG ABUSE INFORMATION: REPORTING AND DEVELOPMENTS

2. Making effective decisions about drug control policies and programmes requires reliable information on the extent of drug abuse, the characteristics of abusers, the consequences of drug abuse and the usefulness of programmes adopted to reduce drug abuse and its consequences. The response rate for the annual reports questionnaire, as noted in previous reports on the subject submitted to the Commission on Narcotic Drugs, has remained low, subject to high variability and limited validity. Replies have consisted of a combination of qualitative and quantitative data that do not fit into well-defined categories and are thus hardly comparable. Data collection and analysis resources are limited in many reporting countries, as well as in UNDCP headquarters, and the synthesis of existing research is often lacking.

3. UNDCP has begun a systematic review of data collected from 1983 to 1992 inclusive, of the annual reports questionnaire itself and of related reporting procedures. Preliminary findings of this review indicate that much work needs to be done to improve the timeliness of the reporting, to increase the consistency of the reporting from year to year and to improve the quality of the questionnaire and the replies to it. Basic standard reporting needs to be developed to improve comparability. Furthermore, there is an urgent need to develop effective alternative strategies for data collection, in order to improve drug monitoring as required by the international drug control treaties.

4. According to information obtained from the annual reports questionnaire, data vary depending on the state of research in each country. Some countries have established good research and statistical practices while others have not. Furthermore, differences in comparability have made the analysis of reported data difficult. Monitoring instruments, such as registers, surveys, qualitative and attitudinal studies, and research on costs and consequences, remain scarce. Some Governments have reported that national prevalence surveys are not feasible in their countries. And yet others have undertaken significant research to assess the drug abuse situation as part of efforts to develop a national strategy to curb the problem. There is evidence indicating that in countries where attempts had been made to consolidate information, positive results could be observed in drug abuse monitoring, policy planning and programme development.

5. According to preliminary assessments based on information from national focal points for collecting data on illicit drug supply and demand reduction and from the annual reports questionnaire, many Governments wish to develop drug monitoring systems but need assistance to do it. Collaboration is taking place at the regional level to strengthen national focal points for collecting data on illicit drug supply and demand reduction; but more regional projects are needed to improve data collection and reporting.

6. Alternatives to part II of the annual reports questionnaire are under review. In the meantime, three useful steps could be taken by reporting countries. First, Governments could send to UNDCP key drug-related reports such as national surveys and annual reports. Secondly, Governments that could benefit from UNDCP assistance in preparing brief country profiles on drug abuse could contact UNDCP. Thirdly, a brief survey could be used to monitor the opinions of national informants on key issues related to illicit drug supply and demand reduction. On the basis of the information supplied in response to those three steps, UNDCP could prepare country profiles and regional and global summaries and distribute them to targeted policy makers and practitioners.

7. Given the limitations of existing information collected by means of the annual reports questionnaire, UNDCP could prepare three global reports, based on published research, to improve the quality and validity of monitoring of the drug abuse situation: a report on drug abuse and related consequences, based on national surveys and related research; a report on national responses to drug abuse and its consequences, focusing on effective strategies to reduce illicit drug supply and demand, based on evaluation studies; and a special report on a subject to be determined by the Commission each year.

II. TRENDS IN DRUG ABUSE

8. In the period 1983-1992, illicit drug supply and demand were of great concern to most reporting countries. Most Governments reported a high prevalence of drug abuse among men. Yet drug abuse among women was reported to be increasing and was often attributed to their integration in the labour market. Drug abuse tended to be more pronounced among young adults, persons aged 25-35; but it was common among persons in older age groups as well, especially in areas where traditional drug abuse prevailed. Reports indicated that drug abuse tended to be concentrated in urban centres. Drug abuse in rural areas, however, was significant, especially in border areas, where certain traditions and the availability of drugs facilitated their abuse.

9. There was increasing concern over the abuse of "designer drugs" and non-psychoactive substances. Steroids, reported to have been abused initially in competitive sports, became widely used to enhance body-building. Consequently, in some countries the use of steroids was placed under regulation. That development indicated the need to review periodically the lists of drugs subject to the international drug control treaties.

10. Illicit drug demand was increasing in most reporting countries in the Americas, with the exception of the Bahamas, Canada, Ecuador and the United States of America. The greater illicit drug demand in the Americas was attributed to increased availability and lower prices, deteriorating economic conditions, unemployment and family disintegration. Some reports indicated that pressure on Governments to reduce spending had led to weakened social support systems, resulting in homelessness, mental illness and drug dependence.

11. Illicit drug demand was increasing or stable in most reporting countries in Asia and the Pacific; exceptions included the Republic of Korea, Singapore and Sri Lanka, where there were falling trends, and Indonesia and Maldives, where drug abuse was not of much concern, according to official reports. There was widespread abuse of heroin, opium, amphetamines, codeine (in the form of cough mixture) and psychotropic substances, such as tranquillizers, in the region. Often prescription drugs were obtained on the illicit market.

The greater illicit demand in Asia and the Pacific was attributed to persistent traditional abuse, increased availability and lower prices, income too low to sustain the basic needs of farmers, rapid urbanization, the cross-cultural influence of the media and tourism, stress among specific groups of workers such as transportation employees, deteriorating economic conditions, unemployment and family disintegration.

12. Illicit drug demand was increasing in all countries in Africa, eastern Europe and the Near and Middle East, according to official reports.

13. Increases in illicit drug demand in eastern Europe were attributed to the socio-economic crisis affecting the region, especially high unemployment. Multiple drug abuse was reported to be spreading. The increased illicit drug supply in eastern Europe was associated with the rise in drug trafficking, which was considered an additional source of income, the opening of the borders between East and West having facilitated contacts between drug traffickers and made many eastern European countries part of important transit routes and targets for illicit drug market development. It appeared that customs controls and other law enforcement measures had not been sufficient. In some countries, the production of certain drugs increased. Furthermore, it was suspected that drugs were being used to finance the purchase of arms employed in ethnic conflicts, thus contributing to the increasing illicit drug supply in all parts of Europe.

14. Increases in illicit drug demand in the Near and Middle East were attributed to the traditional cultivation and abuse of cannabis and, in some cases, khat (Catha edulis). Multiple drug abuse was reported to be spreading, as local traffickers often bartered indigenous drugs for illicit drugs produced elsehwere. The increase in illicit drug demand was also attributed to deteriorating economic conditions in some countries and to stress caused by war. Furthermore, increases in illicit drug supply were associated with the use of drug trafficking to finance the purchase of arms employed in conflicts, the opening of the borders between East and West, facilitating contacts between drug traffickers and making some countries in the Near and Middle East (Iran (Islamic Republic of) and Israel) part of important transit routes and targets for illicit drug market development.

15. Decreases in illicit drug demand were attributed to the existence of balanced comprehensive strategies aimed at reducing both illicit drug supply and demand and consisting of legislation, law enforcement, community involvement, prevention and treatment. Some Governments reported, however, that stronger emphasis on legislation and law enforcement had proved effective.

16. The illicit demand for drugs was increasing in most reporting countries in western Europe. Exceptions included Austria, Cyprus, France, Norway, Portugal and Sweden, where abuse was decreasing, and Iceland and Malta, where abuse was not of much concern, according to official reports. The greater illicit drug demand in Europe was attributed to increased availability and lower prices, transit trafficking through "border" countries (Finland), and anabolic steroid abuse not necessarily in connection with sports (Belgium). Drug abuse increased among all social groups, but in some countries it was more pronounced among the relatively disadvantaged and displaced migrants (Denmark and the Netherlands). The number of drug-related deaths increased in some countries; in at least one country (Austria), it was attributed to a rise in multiple drug abuse.

A. Africa

17. In the period 1983-1992, there was increasing concern in some African countries over the illicit demand for drugs, according to reports submitted to UNDCP, but data remained scarce and of limited validity. A slow but steady increase in drug abuse was reported. Cannabis was widely abused in northern Africa, but to a lesser extent in Mauritius, Namibia and the United Republic of Tanzania. Cocaine abuse was reported in Côte d'Ivoire, Ghana, Mauritius, Nigeria and South Africa. Heroin abuse was reported in Chad, Côte d'Ivoire, Ghana, Mauritius, South Africa and United Republic of Tanzania. African Governments reported that benzodiazepines had presented problems in the period 1986-1992. Significant drug abuse was reported in northern and western Africa; and Madagascar, Mauritius and South Africa reported increased concern over drug problems. Several Governments reported on the consumption of khat and other indigenous plants that did not fall within the scope of control of the international drug control treaties.

18. The pattern of drug abuse in South Africa appeared different from that in the other countries in the region: according to reports, more drugs were abused in that country than in other countries in the region and there was a persistent problem with inhalants and methaqualone.

19. According to the replies to the annual reports questionnaire, concern over drug abuse elsewhere in Africa appeared to be limited. There was, however, a need to monitor closely the consumption patterns of cannabis in Namibia and the United Republic of Tanzania, of cocaine and heroin in Mauritius and of heroin in Côte d'Ivoire and to encourage those countries to initiate programmes for illicit demand reduction.

Drug abuse of limited concern but increasing

20. In South Africa, an increase was reported in the availability and abuse of illicit drugs, especially methaqualone, heroin, cocaine and synthetic analgesics (Wellcanol). A marked increase was also reported in the abuse of substances such as solvents, medicines and plant products, partly because they were more available and cheaper than other drugs of abuse.

21. In the Sudan, a large increase in the abuse of cocaine, barbiturates and other, "unspecified" drugs was reported for 1991. A large decrease was reported in the abuse of heroin and cannabis. The decrease in cannabis abuse was a result of reduced availability due to law enforcement and crop eradication efforts.

22. In the United Republic of Tanzania, some increase in the abuse of heroin, cocaine, khat and volatile solvents was reported for 1991. Khat abuse, cultivation and possession were made illegal in 1991. The abuse of other drugs remained stable. Trafficking in and the availability of heroin and cocaine increased. Street children were reported to be increasingly sniffing volatile solvents and chewing khat.

23. In Zambia, some increase in the abuse of heroin was reported for 1990. Cannabis abuse was reported to be stable.

B. Americas

1. Drug abuse significant and on the rise

24. Argentina reported a significant increase in the abuse of cocaine and synthetic narcotics in 1988, as well as some increase in the abuse of tranquillizers compared with the 1970s. The rise in cocaine abuse was attributed to increased availability and lower prices associated with transit traffic in the country.

25. Bolivia reported for 1991 an increase in the consumption of the following illicit drugs: heroin, synthetic narcotic analgesics, cocaine and coca paste, hallucinogens, other sedatives, and volatile solvents. Annual prevalence (abuse at least once a year) and daily abuse increased by 2 per cent and 1 per cent, respectively, over a period of approximately 10 years.

26. Brazil reported that the proportion of persons who had abused drugs at least once in their lifetime ("ever" abuse) had increased from 21 per cent in 1987 to 26 per cent in 1989. Frequent drug consumption among students was increasing at a rate of nearly 25 per cent every two years. In 1980, only 3 out of 100 students at Rio de Janeiro had consumed drugs; in 1991, the figure was 20 out of 100.

27. Chile reported some increase in cocaine abuse in 1991. That was attributed to deteriorating economic conditions, unemployment, and increased availability of cocaine, especially in the northern part of the country.

28. In Colombia, the prevalence of cannabis and basuco (coca paste) abuse remained stable between 1983 and 1989. Cocaine consumption, however, increased more than threefold. Colombia also reported an increase in the consumption of heroin and some decrease in cocaine abuse in 1992. The consumption of cannabis remained stable.

29. Costa Rica reported that, in 1992, there was a significant increase in the abuse of cocaine, crack and cannabis, as well as some increase in the abuse of opiates, synthetic narcotic analgesics, amphetamines, barbiturates, tranquillizers and other sedatives. The abuse of hallucinogens remained stable.

30. The Dominican Republic reported some increase in the abuse of cannabis, synthetic opiates, amphetamines, methamphetamines and inhalants in 1990.

31. Guatemala reported a significant increase in the abuse of cannabis, barbiturates and tranquillizers in 1991. Some increase in the abuse of hallucinogens and inhalants was also reported. Those increases were attributed to family problems and increased supply. For example, 124 brands of diazepam were available on the illicit market.

32. The Netherlands Antilles reported some increase in the abuse of cocaine in 1990; it was attributed to low price and increased availability. Cannabis abuse was decreasing. Both cannabis and cocaine were abused by persons of all social classes and all ages but no estimates were available.

33. Panama reported a significant increase in the abuse of both cocaine and basuco in 1988; in addition, there was an increase in the abuse of cannabis.

34. Venezuela reported a large increase in the abuse of cocaine and coca paste in 1990, in addition to some increase in the abuse of inhalants. Those increases were associated with an increase in illicit trafficking, social pressure, and social deterioration due to inflation and poverty.

2. Drug abuse significant but decreasing

35. The Bahamas reported some decrease in the abuse of cocaine and cannabis in 1989 and 1990.

36. In Canada, cannabis abuse declined markedly from 1980 to 1985 and stabilized from 1985 to 1989. An upward trend in the abuse and availability of cocaine continued into 1991.

37. In Ecuador, clear trends could not be determined from information provided to UNDCP. According to a student survey conducted at Quito, however, the prevalence of abuse was estimated at 13.1 per cent in 1979, before rising to 16.1 per cent in 1982 and declining to 11 per cent in 1984.

38. In the United States, no increase was reported in drug abuse in 1992. The abuse of most drugs remained stable, and there was a decrease reported in the abuse of cocaine, stimulants and inhalants. The number of illicit drug abusers in the United States, which had reached its peak in 1979, dropped from 12.8 million in 1991 to 11.4 million in 1992. The decrease in prevalence occurred among younger people, but not among older adults. A gradual but fundamental shift in students' perceptions was attributed to the impact of education and information on young people.

C. Asia and the Pacific

1. Drug abuse significant and on the rise

39. Bangladesh reported concern over heroin, opium, cannabis and alcohol abuse in 1993. No data were available to confirm reports that there were about 100,000 heroin-dependent persons.

40. In Brunei Darussalam, as in other countries in Asia and the Pacific, a consistent pattern of abuse of codeine, mostly in the form of cough mixture, and the abuse of psychotropic substances such as tranquillizers were reported for 1992.

41. China reported an increase in opiate abuse throughout the country in 1993; however, that abuse was concentrated in the border province of Yunnan and was partly attributed to the increased availability of opiates associated with the use of China as a transit country by traffickers from the Golden Triangle (the area where the Lao People's Democratic Republic, Myanmar and Thailand meet).

42. In Hong Kong, it was reported that, from 1990 to 1991, there had been an increase of about 14 per cent in newly registered abusers, most of whom were under 21 years of age. The most prevalent drug of abuse was heroin. The abuse of cough medicine containing codeine also increased, from 6.5 per cent in 1990 to 9.5 per cent in 1991. Drug abuse was prevalent among about 1 per cent of the population over 15. The abuse of tranquillizers decreased from about 5 per cent in 1990 to 1.4 per cent in 1991, following two years of sharp increases.

43. India reported an increase in the abuse of all drugs in all segments of society in 1993; that was attributed to a rise in illicit trafficking from across the border and to urbanization. Registries of drug-dependent persons recorded significant increases from 1987 to 1990, but only small increases from 1990 to 1993. In the period 1992-1993, the registered abusers were dependent on alcohol (53 per cent), opium (about 17 per cent), heroin (5 per cent), "smack/sugar" (13 per cent) and other drugs (13 per cent).

44. Myanmar reported a steady increase in the abuse of opium and heroin since 1970. The abuse of other drugs was not considered a problem in 1993.

45. Thailand reported 45,000 new drug abusers per year. The most prevalent drugs were heroin and cannabis, according to a 1993 report. Opium was prevalent in the north of the country. Amphetamines were increasingly being used by truck drivers and fishermen and volatile solvents were being used by youth.

46. Viet Nam reported on the prevalence of opium smoking in its mountainous northern areas (about 2 per cent) and on the increasing prevalence of opium and heroin abuse by injection in urban centres (about 0.5 per cent) in 1991. Cannabis was abused mainly in the southern part of the country.

2. Drug abuse significant but mostly stable

47. Australia reported that in 1992 the figures for "ever" abuse of drugs were stable. The rate for cannabis increased from 28 per cent in 1985 to 32 per cent in 1991 (annual prevalence: 13 per cent). The rate for barbiturates decreased from 9 per cent in 1985 to 5 per cent in 1991 (annual prevalence: 2 per cent). Small declines were noted in "ever" abuse of amphetamines (annual prevalence: 2 per cent), hallucinogens (annual prevalence: 2 per cent) and cocaine and crack (annual prevalence: 1 per cent). Small increases were reported in "ever" abuse of heroin, methylenedioxymethamphetamine (MDMA, also known as "ecstasy"), "designer" drugs and injected drugs (annual prevalence of each: 1 per cent).

48. Japan reported that in 1992 amphetamines, followed by cannabis, were the most prevalent drugs abused in the country. Heroin, opium and cocaine were not widely abused. According to law enforcement reports, drug abuse could rise in Japan because the country was targeted by illicit traffickers for increased supply, as well as a transit country.

49. Malaysia reported having registered 159,275 drugs-dependent persons in the period 1970-1991, of whom about 100,000 were estimated to be current drug abusers. About 7,750 persons were newly registered in 1992. Opiates were the main drugs of abuse among the persons registered (heroin: 67 per cent; morphine: 6 per cent), followed by cannabis (20 per cent).

50. In New Zealand, a high percentage of the population experimented with cannabis ("ever" abuse: 43 per cent) but annual prevalence was much lower (12 per cent), according to a 1991 report. The most common drug abuse combination was alcohol, tobacco and cannabis. Annual abuse of hallucinogens, amphetamines, cocaine and opiates was reported to be low and multiple abuse of those drugs was rare. The 1990 figure for "ever" abuse of lysergic acid diethylamide (LSD) was 6 per cent; for volatile solvents, the figure was 1 per cent.

51. The Philippines reported that in 1992 methamphetamine (referred to locally as "shabu") was the most prevalent drug of abuse; it was slightly more popular than cannabis. Data on admissions to treatment indicated that the number of abusers decreased by about 10 per cent. The abuse of cough syrup, tranquillizers and volatile solvents was limited and heroin abuse was insignificant.

3. Drug abuse significant but decreasing

52. The Republic of Korea reported a sharp decrease in the abuse of methamphetamine, based on 1992 arrest data. A shift towards cannabis abuse was reported to have resulted from intensified law enforcement efforts aimed at methamphetamine traffickers.

53. In Singapore, where 94 per cent of drug-dependent persons had tested positive for heroin, a decrease was reported in the prevalence of that drug, based on the declining number of arrests between 1977 and 1987.

54. In Sri Lanka, traditional cannabis and opium abuse, mainly among the elderly in rural areas, was declining as a result of intensified law enforcement activity. Heroin abuse increased between 1981 and 1992, according to arrest data, especially among the young and in centres of tourism.

4. Drug abuse of limited concern

55. Indonesia had neither registries of drug-dependent persons nor reliable data collection programmes with which to monitor drug abuse. The Ministry of Health and the police stated that 0.05 per cent of the population (or 90,000 persons) abused drugs, according to a 1993 report. Hospital records from Jakarta indicated that drug-dependent patients tended to be multiple drug abusers and that about 33 per cent of them were dependent on psychotropic substances (mainly tranquillizers), about 18 per cent abused alcohol, 8 per cent abused cannabis and 2 per cent abused opiates.

56. Maldives reported that in 1993 there was a slight increase in drug abuse in the country. It was attributed to tourists and to students returning from abroad.

57. Nepal reported having no reliable data collection programme for monitoring drug abuse. It was reported that in 1993 3-5 per cent of the population were dependent on alcohol and 0.01 per cent (or 25,000 persons) were dependent on other drugs. Among students, tobacco headed the list of "ever" abused substances, followed by alcohol (22 per cent), cannabis (6.1 per cent), cough syrup (4.5 per cent), tranquillizers (2.5 per cent), amphetamines (2.5 per cent), opium (2.5 per cent) and heroin (2.5 per cent).

D. Europe

1. Eastern Europe

(a) Drug abuse significant and increasing

58. Croatia reported large increases in the abuse of drugs, particularly opiates and cannabis, in 1992. Some increase was reported in the abuse of cocaine and amphetamine and in multiple drug abuse. The abuse of hallucinogens, sedatives and volatile solvents was stable. The age of heroin-dependent persons decreased. Estimated expenditure on illicit drugs and on

the consequences of drug abuse appeared to be high. The increase in illicit drug demand was attributed to stress caused by war, a decrease in the standard of living, the unstable political situation and a break in the continuity of prevention programmes (especially in schools). The increased availability of drugs was attributed to a weakening of law enforcement measures because of the war and to a large increase in "home-made" drugs. The illicit drug trade was regarded by many as a source of income.

59. Turkey reported that the abuse of volatile solvents had increased considerably and that abusers of such substances were younger (ages 9-22 in 1991 compared with ages 12-18 in 1989). The abuse of opiates and cannabis increased somewhat while cocaine abuse was stable, according to 1989 and 1991 reports.

(b) Drug abuse of limited concern but increasing

60. In Belarus, police reported a decrease in solvent abuse in 1993. That was attributed to the fact that the abuse of volatile solvents had been, to some extent, replaced by the abuse of other drugs, particularly cannabis. Cannabis had become popular among young people. LSD had recently been introduced, but there were few abusers.

61. Bulgaria reported that there had been an increase in illicit and licit drug abuse in recent years. The average age of drug abusers decreased. Youth as young as 14 years old were abusing drugs. Some abusers of volatile solvents were about 10 years old.

62. The former Czechoslovakia reported that the abuse of volatile solvents and codeine was stable in 1990. Some increase was reported in the abuse of amphetamines in 1990. A large increase in the abuse of cannabis and methamphetamine was reported for 1991. Those increases were attributed to socio-economic changes.

63. In Hungary, some increase was reported for 1989 in the abuse of pharmaceutical preparations (dihydrocodeine, codeine, glutethimide and benzodiazepines, taken in combination with ephedrine). The abuse of volatile solvents was stable. Isolated cases involving the abuse of poppy capsule extract were reported, as were cases involving the intravenous administration of substances.

64. Latvia reported some increases in the abuse of opium, heroin, cocaine, cannabis, hallucinogens and amphetamines, as well as in multiple drug abuse, in 1992. It also reported a decrease in the abuse of morphine, sedatives, volatile solvents, benzodiazepines, barbiturates and synthetic narcotic analgesics. The increases were attributed to the economic crisis, high unemployment and the emergence of illicit drug trafficking as a source of income. In addition, the opening of borders to western Europe had facilitated contacts between drug traffickers. Increased availability of "home-made" heroin was reported for 1992 and was attributed to an increase in poppy cultivation and the development of extraction technology. Insufficient customs controls resulted in increased imports and abuse of cannabis. Some cases involving crack and LSD abuse were reported for 1992. Multiple drug abuse was reported to be widespread.

65. In Poland, increases in illicit demand drug were attributed to a rise in unemployment and the deterioration of the economy in general. Increases in the illicit supply of amphetamines, poppy straw and low-morphine poppy were

attributed to the abolition of travel restrictions and weakened controls. An increase in the abuse of volatile solvents among young people was also reported, as was a significant increase in the illicit cocaine traffic.

66. In Romania, drug abuse was reported to be stable in 1992.

67. In the Russian Federation, a steady rise in the illegal distribution of narcotic drugs and an increase in the number of drug-dependent persons were reported for 1993. A decrease in the abuse of "home-made" poppy straw preparations was reported for 1992, as was some increase in the abuse of "home-made" cannabis preparations.

68. Slovenia reported that in 1993 drug abuse was a growing problem. More youth were abusing drugs.

69. Ukraine reported that in 1992 the abuse of heroin, cannabis, barbiturates and benzodiazepines remained stable. Drug abuse was reported to be spreading in rural areas. The acceptability of drug abuse, however, decreased in 1992 compared with 1991.

2. Western Europe

(a) Drug abuse significant and increasing

70. Belgium reported an increase in multiple drug abuse in 1991. Cocaine abuse increased slightly whereas heroin abuse remained stable. Abuse of "ecstasy" in the northern part of the country appeared to be increasing.

71. Denmark reported increased abuse of opiates, cannabis, volatile solvents and "ecstasy" in 1991 and decreased abuse of sedatives and amphetamines. The abuse of cocaine and hallucinogens was reported to be stable. The abuse of cannabis among students 14-16 years of age decreased from 28 per cent in 1970 to 16 per cent in 1990. "Ecstasy" had become a new fad among youth associated with music and dance subcultures. Multiple drug abuse was on the increase among second-generation immigrants to Denmark. The increase in the number of cannabis and amphetamine abusers was associated with unemployment.

72. Finland reported an increase in the abuse of narcotic medical preparations in combination with alcohol in 1991. The age of first drug abuse fell in 1991, but remained 2-3 years higher than in the early 1970s. Transit trafficking in Finland increased. According to police information, the abuse of cannabis and amphetamines was increasing.

73. Germany reported that current drug abuse among persons aged 12-29 increased from 4.5 per cent in 1986 to 6.2 per cent in 1990. The increase was more pronounced among persons aged 18-29. Data on new admissions to treatment in 1989 indicated an increase in the abuse of heroin and cocaine among persons aged 18-29.

74. Greece reported that, according to school surveys conducted in 1984 and 1988, drug abuse had decreased among persons aged 13-16 but had increased from 6.5 per cent to 8.1 per cent among older male teenagers. A decrease in the misuse of pharmaceutical drugs was reported for 1990. An increase in abuse of cocaine, sedative-type drugs, atropine-type drugs and opiates other than heroin was reported for 1992. The abuse of all other types of drugs was reported to

be stable. The number of drug-related deaths had increased steadily since 1980 (5 in 1980, compared with 72 in 1989).

75. Italy reported that heroin remained the main drug of abuse in that country. No decrease in heroin abuse was noted, as evidenced by the large number of deaths associated with such abuse (1,382 deaths in 1991, an increase of 19 per cent compared with the 1990 figure of 1,161). The abuse of cocaine, alone or in combination with heroin, was increasing. The availability of drugs on the illicit market was increasing. The abuse of cannabis appeared to be stable, according to a 1991 report.

76. Luxembourg reported that drug abuse had worsened in the second half of the 1980s, before levelling off at a higher level. An increase in the abuse of cocaine, cannabis and, in particular, heroin was reported for 1992. The availibility of heroin and cocaine had increased and their prices had become lower. There was a considerable decrease in the abuse of hallucinogens and, to a lesser extent, amphetamines. The abuse of sedative-type drugs remained stable, according to a 1992 report.

77. The United Kingdom of Great Britain and Northern Ireland reported an increase in drug abuse based on addict notifications, demand for treatment and seizure data. There was also an increase in the number of persons who had become dependent on cocaine for the first time. Seizures of crack had risen and problems associated with crack addiction were reported to be on the increase. Cocaine and crack abuse, together with the dramatic increase in "ecstasy" abuse were causes for particular concern. Furthermore, an increase in the abuse of amphetamines was reported. Seizures of all types of drugs at the street level rose in 1992. Cannabis abuse appeared relatively stable although a significant rise in seizures (63 per cent) was reported for 1992. Heroin abuse appeared to be stable, but it remained the most serious drug of abuse.

(b) Drug abuse significant but mostly stable

78. Ireland reported a large increase in the abuse of opiates, buprenorphine and, to a lesser extent, methadone in 1990. Serious drug abuse problems were believed to have been confined to the Dublin area. Eight out of 10 drug-dependent patients reported opiates to be their primary drug of abuse. Other drugs of abuse were cannabis, sedative-hypnotics, buprenorphine, volatile solvents and cocaine. One fifth of the patients had been abusing drugs for 10 years or more.

79. Netherlands reported that current and "ever" abuse of cannabis increased slightly between 1984 and 1988. The age at which schoolchildren started abusing cannabis increased from 13-14 years old in 1984 to 15-16 years old in the period 1988-1989. Cocaine abuse appeared low and stable in urban areas. Crack abuse was rare. Drug abuse increased among the disadvantaged, particularly among ethnic minorities from Morocco and Turkey. Figures for "ever" abuse were 6 per cent for cannabis, 2 per cent for stimulants and 1 per cent for other drugs of abuse.

80. Spain reported a decrease in the abuse of cannabis, amphetamines and hallucinogens (for example, LSD) in the last decade. For 1991, some increase was reported in the abuse of cocaine. The abuse of crack among marginal groups, especially heroin abusers, was on the increase. The abuse of other opiates remained stable. An increase in the abuse of "ecstasy" was reported. Annual

prevalence of sedatives was 7 per cent, followed by cannabis (5 per cent), cocaine (2 per cent) and amphetamines (1 per cent).

81. In Switzerland, cannabis, heroin and cocaine abuse had doubled since 1985. Drug-related deaths increased from 405 in 1991 to 419 in 1992. Synthetic drugs, crack and other types of drugs were consumed by a small proportion of the population and, consequently, reliable trends could not be reported. Studies on abusers in treatment centres showed an increase in multiple drug (cocaine, heroin and alcohol).

(c) Drug abuse significant but decreasing

82. Austria reported that heroin abuse had declined by about one third while cocaine abuse had doubled since 1985. Drug-related deaths increased and were attributed to a rise in multiple drug abuse (one third of the drug-related deaths reported in 1989 involved overdose of sedative-hypnotics), deteriorating physical, psychological and social conditions, suicide, acquired immunodeficiency syndrome (AIDS) and other drug-related diseases. Drug-related offences declined from 5,053 in 1984 to 4,829 in 1990. Drug seizures in 1990 rose by one third to 1,990; cannabis seizures tripled and cocaine seizures doubled. The amount of heroin seized decreased mainly because there were fewer large-scale seizures.

83. In France, drug-related arrests increased by 2.1 per cent between 1989 and 1990. The number of people charged with abusing and/or dealing in heroin had decreased by 15 per cent since 1987. In 1990, there were 24 per cent fewer cocaine-related arrests than in 1989. Cannabis-related arrests, however, increased by 8.36 per cent. The falling trend in opium-related arrests that had begun in 1986 continued into 1990, when such arrests accounted for 0.1 per cent of all drug-related arrests (compared with 0.26 per cent in 1986). The number and size of drug seizures increased between 1989 and 1990.

84. In Norway, no increase in the abuse of drugs was reported for 1991. The abuse of amphetamines, heroin, morphine and LSD among young people had remained stable since the early 1980s. Cannabis abuse decreased. The abuse of glue and other volatile solvents remained stable. Heroin was the preferred drug among injecting abusers. Drug abuse by injection decreased among new abusers but increased among hard-core addicts. New abusers were reported to be younger and to have more psychological problems. Ill health, criminality and mortality increased among hard-core addicts. Cannabis was the most prevalent drug abused among high-risk groups in 1991 (annual prevalence: 2.5 per cent).

85. In Portugal, cannabis was the most prevalent drug of abuse. It was followed by heroin, which was widely abused by intravenous drug users. Cocaine abuse was less widespread but its abuse, especially in combination with heroin, was increasing. Multiple drug abuse was reported to be common. The number and size of drug seizures had increased in recent years; that had been particularly true for heroin and cocaine. An increase was reported in cocaine- and heroin-related arrests, while cannabis-related arrests were stable. Demand for first-time treatment increased from 3,051 in 1987 to 4,844 in 1990. The age of drug abusers seeking treatment decreased.

86. Sweden reported that in 1990 cannabis was the most prevalent drug of abuse among both occasional and heavy abusers. It was followed by stimulants (mainly amphetamines), which accounted for 30 per cent of seizures, and psychotropic substances (mainly sleeping pills and tranquillizers). Occasional drug

experimentation among schoolchildren and military conscripts decreased. Heavy drug abuse remained stable during the period 1983-1992. Amphetamine abuse, however, was increasing, especially, among intravenous drug abusers.

(d) Drug abuse of limited concern

87. In Cyprus, drug abuse was not considered a serious problem, but 10-15 per cent of students and soldiers were reported to be at risk. A significant increase in the abuse and illicit supply of cannabis was reported for 1991. Some increase was also reported in the abuse of heroin, benzodiazepines and other sedative-type drugs. Multiple drug abuse was also increasing. Cocaine abuse was reported to be stable in 1991.

88. In Iceland, the abuse of sedatives, heroin, amphetamines and cannabis was reported to be stable in 1989, whereas some increase in cocaine abuse was noted.

89. In Malta, the most prevalent drugs abused were cannabis, heroin and, to a lesser extent, cocaine, according to 1991 reports. The abuse of depressants and stimulants in combination with alcohol was common.

90. In San Marino, the abuse of heroin, cocaine and benzodiazepine was reported to be stable in 1992. A large decrease in cannabis abuse was attributed to a change in attitudes towards drug abuse.

E. Near and Middle East

91. Opiates (heroin, opium and morphine) were the principal drugs of concern in the Near and Middle East. Heroin was one of the most abused drugs in many countries in the region, including Bahrain, Pakistan, Qatar and Saudi Arabia. In Pakistan, about one half (1.1 million) of the drug abusers were heroin addicts. Heroin was the second most abused drug in Kuwait, Iran (Islamic Republic of) and Syrian Arab Republic. Opium was the most prevalent drug in the Islamic Republic of Iran. The abuse of opiates was also reported in Bahrain, Egypt and Israel.

92. Cannabis was the second most prevalent abused drug in the region. It was the most abused drug in Egypt, Israel, Kuwait and the Syrian Arab Republic. Cannabis was also reported to be abused in Iran (Islamic Republic of), Pakistan (where it was the primary drug of abuse of about one third of the drug abusers) and Saudi Arabia.

93. Sedatives and tranquillizers were a cause for concern in some countries in the Near and Middle East. Their abuse was reported to be significant in Bahrain, Egypt, Israel, Pakistan, Qatar, Saudi Arabia and Syrian Arab Republic. Other drugs abused in the region included amphetamines (in Egypt, Israel, Saudi Arabia and the Syrian Arab Republic) and cocaine (in Bahrain, Egypt and the Syrian Arab Republic). Volatile solvents were abused by youth in Bahrain, Israel and Kuwait.

1. Drug abuse significant and on the rise

94. Egypt reported a large increase in the abuse of all drugs in 1989.

95. Israel reported some increase in the abuse of heroin and cocaine in 1992. The number of drug-dependent persons grew from fewer than 5,000 in 1982 to more than 30,000, or about 1 per cent of the population, in 1992.

96. Pakistan experienced an alarming increase in the number of drug abusers, from 1.24 million in 1980 to over 2.24 million in 1988, of which about one half were dependent on heroin and about 900,000 abused cannabis. The abuse of psychotropic drugs, such as tranquillizers (over 3 million abusers without prescription), hypnotics, anti-depressants and analgesics, was also increasing.

97. The Syrian Arab Republic reported some increase in the abuse of amphetamines, benzodiazepines and cocaine in 1989. Amphetamine abuse was reported to be stable in 1992. Cocaine abuse levelled off between 1990 and 1992. Some increase was reported in the abuse of heroin and volatile solvents in 1990 and 1992. Opium abuse remained stable in the period 1989-1992, with some decrease reported for 1991. Cannabis abuse remained stable in the period 1989-1992.

2. Drug abuse significant but decreasing

98. Bahrain reported a large decrease in the abuse of heroin in 1990. That was attributed to a comprehensive strategy consisting of law enforcement, prevention and treatment. Benzodiazepine abuse was reported to be stable.

99. The Islamic Republic of Iran reported some decrease in the abuse of opium, heroin and cannabis in 1992. That was attributed to intensive measures adopted to eradicate illicit drug supply and demand, including the strengthening of the armed forces in the eastern borders and the implementation of a new law to counter illicit drug trafficking.

100. Kuwait reported some decrease in drug abuse as a result of increased drug control and a reduction of the number of foreign employees following the Iraqi occupation of that country.

101. Qatar reported some decrease in the abuse of heroin and benzodiazepines in 1990.

102. Saudi Arabia reported some decrease in the abuse of amphetamines and a large decrease in the abuse of heroin and cannabis in 1990. Some increase was reported in the abuse of depressants. A large decrease in the abuse of all drugs was reported for 1988. That was attributed to the introduction of strict law enforcement measures, including the imposition of the death sentence for drug trafficking.

III. COSTS AND CONSEQUENCES OF DRUG ABUSE

103. Drug abuse represents costs to society in the form of law enforcement services, crime and accidents, health, prevention, treatment services and loss of productivity. In addition, illicit drug cultivation, production and trafficking present threats to the stability of political systems and national economies. Estimating the costs and consequences associated with drug abuse is an effective way to demonstrate the need to take action against it. Governments invariably acknowledge these costs in their reports, yet few assess them systematically. Most frequently reported is concern over the spread of the human immunodeficiency virus (HIV) beyond high-risk groups, such as homosexuals and drug-dependent persons, to persons who abstain from drugs and especially women and newborn babies.

104. Studies indicate that the overall costs of both licit and illicit drug abuse account for as much as 5 per cent of gross domestic product (GDP) per

year. In Finland, about 0.6 per cent of the social welfare fund was allocated to the treatment of drug- and alcohol-dependent persons. In Norway, drug (and alcohol) abuse was reported to be the main cause of increases in road accidents, violent crime and family problems; the cost of treatment for people with alcohol and drug problems was estimated to be 1 billion Norwegian kroner. In Pakistan, 40 billion Pakistan rupees were spent on drug abuse in 1988, compared with 4 billion Pakistan rupees in the period 1982-1983. In Switzerland, the costs of illicit drug abuse in 1989 were estimated to be between 490 million and 535 million Swiss francs; approximately one half of that amount was attributed to mortality and morbidity through lost productivity, one third was attributed to efforts against illicit trafficking, 17 per cent was attributed to medical care and only 3 per cent was attributed to prevention and research, including documentation and coordination. In the United Kingdom, the estimated direct costs of implementing the national strategy for tackling drug abuse in 1990 amounted to 415 million pounds sterling. The costs of drug abuse in the United States in 1988 (excluding alcohol abuse) were as high as 58.4 billion United States dollars.

105. AIDS and HIV infection have been increasing since reporting began in 1983. Those increases have been partly attributed to unsafe injection practices among drug abusers. Heroin is reported to be the most injected drug; but there is increasing concern over the injection of other drugs such as cocaine and synthetic analgesics. Furthermore, although amphetamines, tranquillizers and anti-cholinergics are reported to be ingested in most countries, in some countries there have also been reports of abuse by injection. Some of the increases in HIV infection have been attributed to sexual transmission to persons who have abstained from drugs and to newborn babies. It is also believed that some drugs depress the immune system, thus increasing the likelihood of the onset of AIDS. Less reported but of increasing concern is the spread of hepatitis and tuberculosis related to drug abuse; these too are likely to require special attention in future reports.

106. The percentage of HIV/AIDS cases associated with intravenous drug abuse has been increasing, even in countries where strong prevention programmes exist. The prevalence of HIV among intravenous drug abusers is, in increasing order, 6 per cent in the United Kingdom, 13 per cent in Germany, 14 per cent in Turkey, 5-18 per cent in Denmark, 19 per cent in France, 20 per cent in Sweden, 38 per cent in Switzerland, 57 per cent in Ireland, 65 per cent in Spain and 66 per cent in Italy. In such areas as the states of New York and New Jersey in the United States, intravenous drug abusers have become the main risk group for AIDS. The proportion of HIV/AIDS among drug abusers who inject is stable in some European countries (4 per cent in Norway, 5 per cent in Finland, 9 per cent in the Netherlands). In the Netherlands, safer practices are believed to have slowed down the spread of HIV infection among drug abusers who inject. HIV incidence rates at Amsterdam remain relatively stable (5.6 per cent in 1988 and 5.5 per cent in 1989). In spite of this development there have been reports that the general public and medical personnel in some countries have rejected persons with AIDS; as a result, such persons have, at times, encountered difficulties in obtaining basic care services and their morbidity rate has increased.

107. Reporting on drug-related deaths is increasing. Studies estimate that about 20 per cent of all annual deaths may be attributed to the abuse of drugs, both licit and illicit, while about 3 per cent may be attributed to the abuse of illicit drugs alone (compared with 71 per cent attributed to tobacco and 26 per cent to alcohol). In general, drug-related deaths are more prevalent

among males and the young. Suicides, experimentation with drugs by novices, and lack of experience with drugs of varying purity and quality are some of the most common reasons given for increases in drug-related deaths.

108. Canada and the United States stand out in reporting statistics on drug-related deaths. Both report an increase in the number of drug-related deaths. In the United States, most of the deaths reported to the Drug Abuse Warning Network (DAWN) involved the abuse of either cocaine (46 per cent) or heroin (36 per cent). Many of those deaths (13 per cent) occurred following the consumption of a mixture of cocaine and heroin ("speedballing"). In Canada, in 1988, there were 414 deaths from drug dependence, non-dependent abuse of drugs, and adverse toxic effects of psychoactive drugs.

109. In Europe, most drug-related deaths are due to heroin abuse; in some European countries the abuse of medical preparations is the second most frequent cause of death. In six large cities in Spain, the number of drug-related deaths per 100,000 inhabitants increased from 1.2 in 1983 to 6.4 in 1989. In the United Kingdom, drugs caused or were implicated in the deaths of approximately 60 per cent of all registered drug-dependent persons between 1980 and 1990.

110. There has been little reporting on illnesses and other related hospitalization resulting from drug abuse. In some countries, measures are being developed to estimate "drug-caused conditions" based on estimated admissions to hospitals. In Argentina, it has been estimated that 5 per cent of the cases in hospital emergency services were related to licit or illicit drug abuse; 20 per cent of those cases involved the ingestion of psychoactive medication, 16 per cent involved multiple drug abuse and 64 per cent involved alcohol abuse. In Canada, according to poison control centre statistics, in 1986 there were 15,442 reported cases of drug poisoning by psychotherapeutic agents, sedatives and hypnotics, and mild pain killers such as aspirin, street drugs or adhesives. In the United States in 1990, 125,000 suicide attempts were drug-related and 128,000 admissions to hospital or emergency rooms involved drug dependence or casual abuse; there were just under 40,000 cases involving people seeking help in overcoming their drug-related problems through detoxification or the management of withdrawal symptoms. There was an increase of 7 per cent in drug-related admissions to emergency rooms in the United States from 1991 to 1992.

111. More systematic reporting of statistics on drug-related deaths is needed. Similarly, there is a need to develop measures to estimate "drug-caused conditions" based on admissions to hospitals.

112. Other consequences related to drug abuse have been reported by many countries. The consequences included increases in all types of violence, teenage gangs engaged in anti-social and violent behaviour at school and on the streets, family problems and traffic accidents.

IV. NATIONAL RESPONSES TO DRUG ABUSE AND ITS CONSEQUENCES

113. In spite of the complex nature of drug problems, some conclusions about the effectiveness of drug-related policies and programmes could be drawn based on an international review of evaluation studies and of evidence from reporting countries.

114. In general, well-coordinated strategies that are comprehensive, combining legislation and regulation (and, where applicable, taxation), as well as community-wide campaigns tend to produce slow but positive results (as in Canada). Control policies aimed at reducing the availability of licit drugs have proved to be effective in reducing drug-related problems in general (in Canada, for example). Similarly, legislation and law enforcement measures have proved effective in reducing drug abuse (for example, in Japan and in States in the Persian Gulf area). In those countries and in others, the effectiveness of policies and programmes is likely to be related to cultural factors as well.

115. Community-wide prevention, through education and the media, appears to be most effective when directed towards changing social norms rather than towards fostering behavioural change. Early identification of abusers, before they develop drug dependence, and early intervention are effective; they also reduce the costs associated with treatment.

116. Research indicates that intervention programmes that are oriented towards changing behaviour are effective as long as they are brief. Longer-term intervention appears to be no more effective, and is often less effective. The effectiveness of psychotherapy is also not well supported by evaluative research. The perceived effectiveness of self-help programmes such as Narcotics Anonymous is largely unsubstantiated by research; however, most drug-dependent persons would prefer to seek help from such groups rather than professional counselling, and it appears that the introduction of trained professionals to such groups, when feasible, may make a difference.

117. Psychotropic substances are not considered an effective treatment strategy for drug problems. Methadone is the treatment of choice for opiate dependence, particularly since it is taken orally and thus reduces the risk of HIV infection resulting from the use of infected needles; however, methadone programmes, like other maintenance programmes, remain subject to controversy in some countries.

118. Most studies on out-patient programmes have recorded positive results; long-term residential programmes require more evaluation. Current research suggests that out-patient programmes are more successful and significantly more cost-effective (see the report of the Secretariat on the development, implementation and evaluation of national strategies and programmes to control substance abuse (E/CN.7/1994/5)).

119. Governments have reported that they have been adopting increasingly comprehensive national strategies coordinated by focal points. National programmes consist of a wide range of activities. In some countries, drug strategies are placed in a larger context, such as health promotion, holistic approaches and harm minimization. Such approaches are aimed at reducing the consequences of drug abuse to society as a whole. Harm minimization is aimed at ascertaining whether prosecution does not cause more harm than drug abuse itself. Furthermore, drug demand reduction, minimum-income and health-care programmes are aimed at ensuring that the underlying reasons for drug abuse are dealt with and that their consequences are reduced to a minimum. Harm minimization is subject to controversy, especially among advocates of abstinence in a drug-free society, although in some countries the different models coexist.

120. Few Governments report that their national strategies against drug abuse are driven by data analysis and research. Some countries have undertaken

significant research to assess illicit drug supply and demand. Limited resources, difficulties in synthesizing research findings and in drawing policy and programme implications appear to reduce the effectiveness of efforts to curb illicit drug demand and supply. In many reporting countries, although progress is noticeable, policy and programmes tend to be driven by "best judgement" information rather than statistics. Governments use a variety of sources (e.g. health records, police records, surveys, or a combination of all three of these and estimates of an unspecified nature) to assess illicit drug supply and demand in their countries. The data, although varying in quality, give some indication of the drug abuse situation in the reporting countries but are still in need of improvement. Special attention is needed to improve the situation in this area.

121. Australia and Canada are conducting exemplary comprehensive strategies. Both strategies are driven by research, rather than "best judgement", in order to increase programme effectiveness. The campaigns to reduce both the illicit demand for and the illicit supply of drugs are conducted on multiple fronts, by all levels of government, law enforcement agencies, professional and voluntary organizations and business. The strategies are coordinated by a minister and entail health promotion, prevention (social marketing through radio and other media, training, education), early identification of abusers and early intervention, a wide variety of treatment and rehabilitation modalities, research and information analysis and control measures that involve the use of legislation and law enforcement.

122. In many countries, attempts have been made to follow the examples set in Australia and Canada; however, resources were allocated to alleviate more pressing socio-economic problems rather than drug abuse and its related consequences. Given these circumstances, some Governments have reported that, without international assistance, they cannot do much more to comply with their obligations under the international drug control treaties.

123. Many Governments have reported that they have taken part in consultations at the senior and technical levels in an attempt to formulate national and regional strategies to curtail illicit drug supply and demand. UNDCP appears to be making a significant breakthrough in targeted countries where master plans and field offices have been established.

A. Prevention

124. There is increasing evidence that global national strategies and policies that include a prevention component are more effective in reducing drug abuse. And many of the reporting Governments have placed more emphasis on prevention. Some, however, have minimal prevention programmes, often because they prefer law enforcement measures. Prevention efforts in Africa vary but appear to be becoming increasingly significant. The Governments of most of the countries in Asia and the Pacific and in eastern Europe are increasing their prevention efforts. Consultations in Asia and the Pacific have led to the Philippines being entrusted with the responsibility to coordinate prevention activities in that region. That responsibility includes the formulation of projects, the solicitation of funds and the maintenance of the training centre for preventive drug education of the Association of South-East Asian Nations. Similar regional initiatives are needed elsewhere.

125. In many countries, the mass media is increasingly being used in campaigns for the prevention of drug abuse that are directed at specific groups as well

as the general population. In some countries (for example, in countries in Europe and North America) the publicity campaigns are sophisticated but elsewhere they remain rudimentary. In a few countries, special conferences, fact-sheets and field trips are used to sensitize the media to drug-related issues, as well as to prevent sensationalism of drug-related stories. Often television, radio and printed messages are used to convey drug-related information. Collaboration between professional health workers, law enforcement agencies, private organizations and various ministries is common.

126. In many of the reporting countries, preventive education programmes introduced in primary and secondary schools target not only the students, but also parents and persons providing services, such as teachers and counsellors. Community-based groups (non-governmental organizations, civic and voluntary organizations, religious groups and sports clubs) are increasingly becoming involved in prevention. Some community-wide programmes promote drug-free alternative activities (i.e. sports and other recreational and cultural programmes), in addition to ongoing governmental initiatives. These are directed at high-risk groups such as street children and marginal youth, students, parents, drug-dependent athletes, and the disadvantaged. Some of the programmes deal with the prevention of HIV infection.

127. Training in drug abuse prevention and treatment is part of the basic and continuing education of doctors, nurses, pharmacists, law enforcement personnel and teachers in some countries, but not in numerous others. Studies indicate that a majority of teachers, for example, have limited knowledge of drugs and that they do not discuss drugs with their students. This is likely to be true of other professional groups as well. Significant efforts need to be made to upgrade the skills of people in these occupations so that they may play a significant role in drug abuse prevention.

128. Interesting outreach prevention programmes have been initiated in some countries. For example, street workers in a minibus with educational material operate as an outreach resource centre to inform the community about the consequences of drug abuse, AIDS and treatment services. Street and community theatre has also been used to get messages across.

129. Drug prevention in the workplace is being increasingly emphasized in many countries. It entails the organization of workshops on drug abuse prevention, treatment and rehabilitation and the distribution of information on the subject in the form of pamphlets, publications etc. In some countries, random testing in the workplace is used as a measure to prevent drug abuse among employees, especially if such abuse is suspected. Certain groups are targeted for testing and special campaigns.

130. Preventive programmes in some countries include socio-economic and development projects (crop substitution) in regions where the population is involved in growing illicit crops.

131. Prescriptions are used to prevent medical preparations from being diverted into the illicit drug market. In some regions, however, counterfeit prescriptions have been reported. In some cases, medical preparations have been dispensed without prescription in pharmacies or are freely available on street markets. More efforts are needed in this area as well.

B. Treatment and rehabilitation

132. Many Governments have reported expanding community-based and non-residential self- and mutual-help programmes. These are believed to offer increased effectiveness and accessibility, in addition to reducing the stigmatization and high costs associated with residential treatment and imprisonment.

133. Evaluative research indicates that early identification programmes, aimed at identifying drug abusers at high risk of developing addictive behaviour, are most effective. Countries rarely report having such programmes, which emphasize low-cost, early intervention. Special efforts are needed to promote them.

134. A wide variety of non-residential treatment services are available in self-help centres, in primary care facilities and in agencies of non-governmental organizations, as well as in non-hospital residential units, in emergency aid centres and in social model and recovery homes. Residential treatment services are widely used in reporting countries. Some are in psychiatric hospitals, in general hospitals or in specialized detoxification centres.

135. Many programmes stress the social reintegration of former addicts who have undergone treatment. Some non-residential and residential programmes are complemented by out-patient after-care services, individual and family therapy, counselling, follow-up programmes, vocational training and economic support, outreach programmes and support to families of drug abusers. Extended support services are subject to controversy. In some countries, if a former drug-dependent person relapses, such services are withdrawn.

136. As the need for treatment services is on the increase, more self- and mutual-help non-professionals are getting involved in the treatment of drug abusers. In many countries, specialized training is needed to upgrade the skills of non-professionals involved in such treatment. Similarly, advanced training for professionals is needed to improve the quality of treatment services.

137. Some Governments have reported compulsory registration and/or treatment. In some countries, legislation is used to encourage drug abusers to seek treatment voluntarily but it also imposes compulsory treatment in certain cases. Such measures often remain dormant because of insufficient confidentiality safeguards and lack of treatment space. It appears, however, that in most countries treatment is based on an assessment of the patient's motivation to overcome drug dependence and to cooperate with treatment services.

138. Successful "labour therapy" programmes have been reported. These include counselling, education, job training and recreation as alternatives to incarceration. In eastern Europe, new approaches to treatment and rehabilitation have been sought to supplement the moralizing and sanctions used previously. Treatment includes rational psychotherapy, hypnotherapy and autogenic training, "electrically induced sleep", medicine-based therapy designed to provide general physical strengthening and acupuncture.

139. In Africa, treatment and rehabilitation vary widely from country to country. In South Africa, a holistic approach underlies a comprehensive programme. Elsewhere, treatment facilities are reported to be inadequate or non-existent, often because of lack of financial resources. When treatment is available, it

is likely to be in non-specialized hospitals; however, specialized treatment centres are reported to exist. Treatment tends to be minimal (i.e. attaching drug abusers to their beds, giving them tranquillizers, or arresting them and sentencing them to do forced labour). In other cases, traditional treatment (acupuncture, ayurvedic medicine, yoga or "Nganga") is sought before and/or after turning to western medical treatment. In some cases, in an effort to save the family reputation, treatment if carried out at home.

140. In some countries, if treatment fails, controversial "maintenance programmes" are resorted to. Methadone and syringe supply programmes have been expanded in some countries in an effort to reduce illicit drug abuse, HIV infection, the number of drug-related deaths and other consequences associated with opioid abuse. The programmes are often accompanied by social services such as counselling. An evaluation of maintenance programmes has concluded that they are effective.

141. Programme effectiveness is rarely evaluated, with few exceptions. Relapse rates vary widely, owing to the lack of standard measures. In general, more evaluation studies are needed to identify effective and culturally relevant treatment programmes.

142. Data on the number of drug abusers in treatment are also subject to high variability. The total number of drug abusers participating in treatment and rehabilitation services varies from country to country and from year to year, depending on treatment policies. In general, services appear to reach relatively few drug abusers in need of treatment.

143. In Australia, a one-day national survey of clients of drug treatment services was conducted in 1990 in order to gain insight into the typical workload and characteristics of the clients. Findings indicate that unemployed males in their mid-thirties were most common. Ninety per cent of the clients were substance abusers (most had alcohol rather than other drug problems) while 10 per cent were related to abusers (for example, spouses). About 83 per cent of the abusers were Australian-born (12 per cent were Aboriginals); of the 16 per cent who were not born in Australia, one half were born in English-speaking countries. These data confirm that drug abuse follows a normal distribution in the population and that it is not a characteristic of minorities. The principal problems involved opiate abuse (27 per cent), multiple drug abuse (involving opiates) (7 per cent), alcohol consumption (55 per cent) and tobacco consumption (8 per cent). These findings are likely to be applicable elsewhere.

144. In the United States, a total of 442,649 clients were treated in 8,057 treatment facilities in 1991. More than half of the facilities were either self-help centres (4,319) or non-residential hospital units (1,460). In Canada, 18,875 cases were treated in general hospitals in the period 1985-1986; the involved drug dependence (2,201 cases), non-dependent abuse of drugs (1,235 cases) and drug psychoses (919 cases); drug dependence in the mother complicating pregnancy, childbirth and the puerperium (77 cases), suspected damage to the fetus from drugs (4 cases) and drug withdrawal syndrome in the newborn (44 cases); poisoning by analgesics, antipyretics and antirheumatics (5,671 cases), sedatives and hypnotics (2,431 cases) and psychotropic agents (6,293 cases). Canada was the only country that reported data on this subject.

145. In many countries, drug abusers are reported to account for a significant percentage of the prison population. In some cases, detoxification and

rehabilitation services are provided. In some countries, only detained minors are admitted to such treatment programmes.

146. In Asia and the Pacific and in Europe, most drug abusers seek treatment for opiate addiction. In the Americas, however, cocaine treatment ranks first, with few variations; for example, the abuse of psychotropic substances is significant in Brazil and cannabis abuse is significant in Ecuador.

C. Towards a balanced approach

1. Legislation

147. Legislation is a basic requirement for compliance with the international drug control treaties. It is also considered an effective measure to control both the illicit supply of and the illicit demand for drugs. Governments are increasingly reporting on laws developed (in many instances with the assistance of UNDCP) to control drug abuse. Under some laws that ban narcotic drug cultivation, transportation, possession, trafficking and sales, the maximum penalty is death.

2. Law enforcement

148. Law enforcement measures are the preferred means of curtailing both supply and demand for illicit drugs, according to some country reports. In many countries, drug abuse is associated with crime. Information relating to illicit drug cultivation, production and trafficking indicates that illicit supply operations are growing and are well supported by sophisticated organizations, arms, and communication and transport systems. In some countries, determined efforts to eradicate such operations have entailed considerable military resources and loss of human life. In some cases, it has been necessary to relocate local inhabitants in order to put an end to their collaboration with drug traffickers.

149. Cooperation between law enforcement agencies at both the national and the international levels is increasingly being reported. In some countries, significant contributions are being made to the strengthening of regional and global cooperation. The exchange of information on drug offenders and traffickers, together with improved law enforcement techniques, seems to be yielding concrete results, judging from the significant increases in seizures and arrests (see the country profiles for details). Yet drug traffickers are reported to have found ways to increase their production and supply. Illicit drugs with higher purity and lower prices are reported to be available in both developing and developed countries.

150. The high cost of law enforcement measures and especially imprisonment, as well as their limitations, has led some countries to explore alternatives. There is a growing belief that significant reductions in illicit drug supply will require continued regional and international efforts, as well as a considerable reduction in illicit drug demand. As the relative effectiveness of prevention and treatment programmes has become known, attempts have been made in many countries to strike a balance between activities aimed at reducing illicit supply and those aimed at illicit demand.